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INDICATION FORM**

Application Number	
Filing Date	6 January 2006
First Named Inventor	Ricardo CARLEI
Title	Glass handling systems
Art Unit	
Examiner Name	
Attorney Docket Number	3029-000090/NP

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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27572

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)QUANTUM WORKHEALTH  
PROGRAMMES PTY LTD

SIGNATURE of Applicant or Assignee of Record

Signature

Date

25.1.06

Name

RICARDO CARLEI

Telephone

03 9375 2302

Title and Company

DIRECTOR - QUANTUM WORKHEALTH PROGRAMMES PLC

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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